

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90391 050 ***150.00

DOCUMENT # P05000161509

1. Entity Name
PARIKA EXPRESS, INC.



Principal Place of Business
**599 W. COWBOY WAY
LABELLE, FL 33935**

Mailing Address
**599 W. COWBOY WAY
LABELLE, FL 33935**

40057325

[Handwritten mark]



2. Principal Place of Business
Same
Suite, Apt. #, etc.

3. Mailing Address
same
Suite, Apt. #, etc.

02152006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
42-1687317

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BODENARINE, MONESHWAR
599 W. COWBOY WAY
LABELLE, FL 33935**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Moneshwar Bodenarine*

(NOTE: Registered Agent signature required when reinstating)

04-19-06

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BODENARINE, MONESHWAR**
STREET ADDRESS **599 W. COWBOY WAY**
CITY-ST-ZIP **LABELLE, FL 33935**

TITLE **D** ☐ Delete
NAME **PERSAUD, HAIMWATTE**
STREET ADDRESS **599 W. COWBOY WAY**
CITY-ST-ZIP **LABELLE, FL 33935**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Moneshwar Bodenarine*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-19-06